



Louisiana Department of Health and Hospitals  
Office of Public Health

**Application for Submanufacturer License**

Date: \_\_\_\_\_

IF-03  
(Rev. 6/03)

*Please type or print*

Name: \_\_\_\_\_

Nature of Action:

Address: \_\_\_\_\_

☐ New application

City, State, Zip: \_\_\_\_\_

☐ Change of name

Area Code, Phone: \_\_\_\_\_

☐ Change of Address

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

☐ Change of Co. Name

Company Name: \_\_\_\_\_

☐ Change of Co. Address

Mailing Address: \_\_\_\_\_

☐ Out of Business

City, State, Zip: \_\_\_\_\_

Area Code, Phone: \_\_\_\_\_

Certification:

I hereby certify that I have read, understand and shall comply with the applicable provisions and requirements of the State of Louisiana Sanitary Code, Part XIII - Sewage Disposal.

SIGNATURE OF APPLICANT: \_\_\_\_\_

**IT IS REQUIRED THAT YOU ATTACH MANUFACTURER'S ENDORSEMENT(S) FOR THOSE PLANTS YOU PLAN TO CONSTRUCT.**

Enclose proof of general liability insurance  
in the amount of no less than \$100,000/\$300,000

*Mail completed application and attachments to:*

LDHH-OPH  
6867 Bluebonnet Blvd.  
Box 11  
Baton Rouge, LA 70810

*Office use only:*

By:

☐ Approved

☐ Disapproved      Date:

Permit No.: